

UTILITY PATENT APPLICATION TRANSMITTAL
(only for new and continuation-in-part nonprovisional
applications under 37 CFR 1.53(b))

Client-Matter No.:
66872-030 (P-AR 5748)

Address to: Mail Stop Patent Application
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Christine M. Grace

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Christine M. Grace

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This is a request for filing a

- ☒ new utility patent application under 37 CFR 1.53(b).
☐ continuation-in-part under CFR 1.53(b)(2) of prior application serial no. _____,
filed _____ (list entire parentage).

Title: HUMAN PROSTAGLANDIN EP₄ RECEPTOR VARIANTS AND METHODS OF
USING SAME

Inventor(s)(full name of each inventor): Yanbin Liang and David F. Woodward

Enclosed are:

- ☒ Return receipt postcard
☐ Patent Application Bibliographic Data Sheet
☒ 1 Page application cover sheet
☒ 94 Pages of specification (includes claims and abstract)
☒ 6 Sheets of drawing(s)
☐ Pages of an executed Declaration for Patent Application
☐ An executed Power of Attorney for Patent Application by Assignee
☒ Paper copy of sequence listing, pages 1 through 18
☒ Sequence listing in computer readable form
☒ Statement Under 37 CFR 1.821(f)
☐ An executed assignment and cover sheet
☐ An executed Statement Under 37 CFR 3.73(b)
☐ An executed small entity statement
☐ Request for Nonpublication and Certification
☐ Also enclosed: _____

☐ This application is based on prior foreign application(s) No.(s) _____, filed in
_____ on _____, respectively, and priority is hereby claimed therefrom.

☐ This application is based on, and claims the benefit of, U.S. Provisional Application No.
60/_____, filed _____, and entitled _____, and which is incorporated herein by
reference.

☐ This application is based on, and claims the benefit of, U.S. Provisional Application No.
60/_____ (yet to be assigned), filed _____, which was converted from U.S.
Serial No. _____, and entitled _____, and which is incorporated
herein by reference.



The filing fee has been calculated as shown below:

					Rate				Fee	
	Number Filed		Number Extra		Small Entity	Other Entity		Small Entity	Other Entity	
Total Claims	67 - 20	=	47	x	\$9	\$18	=	\$	\$	
Indepen- dent Claims	11 - 3	=	8	x	\$42	\$84	=	\$	\$	
Multiple Dependent Claims Presented: <u>X</u> Yes <u> </u> No					\$140	\$280		\$	\$	
					BASIC FEE			\$375	\$750	
					TOTAL FEE			\$		

 Please charge my Deposit Account No. in the amount of \$. A duplicate copy of this sheet is enclosed.

X The payment of the filing fee is to be deferred until the Declaration is filed. Do not charge our deposit account.

 The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 which may be required or credit any overpayment to Deposit Account No. . A duplicate copy of this sheet is enclosed.

Address all future communications to:

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Respectfully submitted,

Date: October 17, 2003

Andrea L. Gashler

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PAPER COPY OF SEQUENCES, PAGES 1 THROUGH 18

Attorney Client-Matter No: 66872-030 (P-AR 5748)

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CHRISTINE M. GRACE

Printed Name of Person Mailing Paper or Fee

Christine M. Grace

Signature of Person Mailing Paper or Fee